

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 09/762188 Filing Date _____
Applicant(s) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2	1		1	
3	2		2	
4	2		2	
5	2		2	
6	6			
7	12			
8	12			
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TOTAL DEP.				
TOTAL CLAIMS				